

David Schwartz, Director of Bands, 585 Riverside Dr., Painesville, OH 44077 (440)358-8316

Release Authorization to Student's Own Parent or Legal Guardian

Student Name: _____ Age: _____ Grade: _____

I understand that the Riverside Local School District Board of Education will permit students to be released to their parent(s) or legal guardian(s) at the conclusion of the upcoming Riverside Band trip in Florida on Tuesday, March 27, 2018 at 8:00 p.m.

, hereby state that I am the above-named student's mother, father or legal Ι, guardian.

As the parent or legal guardian I hereby give notice to the Riverside Local School District Board of Education that I will resume care, custody and control of the above-named student at the completion of the Riverside Band trip on Tuesday, March 27, 2018 at 8:00 p.m. for the purpose of remaining in the State of Florida.

I understand that the above-named student will only be released to the individual identified on this form on Tuesday, March 27, 2018 at 8:00 p.m. at a prearranged destination. School representatives may request proof of positive identification prior to releasing the student.

I further understand that if the above-named individual is not present to pick-up the student on Tuesday, March 27, 2018, the student will not be released to any other person and will be required to return to Ohio with the remaining members of the Band and/or school personnel.

I hereby agree to release the Riverside Local School District Board of Education and its Board members. administrators, employees, volunteers, sponsors and assigns, both officially and individually, and to indemnify and hold harmless the Riverside Local School District Board of Education and its Board members, administrators, employees, volunteers, sponsors and assigns from all claims, liabilities, lawsuits, damages, penalties, judgments and all other claims in law or equity relating to the release of the above-named student as set forth herein following the completion of the Band trip on Tuesday, March 27, 2018 at 8:00 p.m. in Florida.

Name of Parent

Signature of Parent

Parent Cellular Telephone Number

State of Ohio SS:) County of Lake)

BEFORE ME, a Notary Public in and for said County, personally appeared the above-named , who acknowledged that he/she did sign the foregoing instrument and that same was his/her free act and deed.

IN WITNESS HEREOF, I have hereunto affixed my name and official seal this day of _____, 2018.

Notary Public: My Commission Expires: